IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

PARIS KING, 1176 Cleveland Heights Blvd, Cleveland Heights, OH 44121 **Plaintiff,** **v.** **Amazon.com, Inc** 410 Terry Ave. N Seattle, WA 98109 -and- **Amanda Corbin** 1155 Babbitt Rd, Euclid, OH 44132 **JOHN DOES MANGERS #1-3** **JANE DOE HUMAN RESOURCES #1** **Defendants.**	)	**Civil Action No.** **Judge:** **COMPLAINT** **(Jury Demanded)**

Paris King ("Plaintiff") for her Complaint against Amazon.com, Inc, Amanda Corbin, John Does Managers #1-3, Jane Doe Human Resources #1, ("Defendants") alleges as follows:

Parties

1. Plaintiff Paris King is a resident of Cuyahoga, Ohio, and is a member of a protected class under: (1) Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§2000e to 2000e-17; (2) Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§12112 to 12117; (3) Ohio Revised Code § 4112.02(A).

2. Amazon.com, Inc. is for-profit company engaging in industry and business affecting commerce across the United States, and specifically in Cuyahoga County, Ohio.

3. Amanda Corbin is the accommodations consultant who worked on Paris King's accommodation.

4. Defendant, John Doe #1, was a manager at Amazon.com, Inc. at the time this occurred.

5. Defendant, John Doe #2, was a manager at Amazon.com, Inc. at the time this occurred.

6. Defendant, John Doe #3, was a manager at Amazon.com, Inc. at the time this occurred.

7. Defendant, Jane Doe #1, is a human resources representative at Amazon.com, Inc.

Jurisdiction and Venue

8. This Court has original jurisdiction over this action under 28 U.S.C. § 1331 because this action arises under federal law, specifically Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§2000e to 2000e-17 and the Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§12112 to 12117.

9. This Court has supplemental jurisdiction over Plaintiff's state-law claims under 28 U.S.C. § 1367(a) because his state-law claims are so related to her claims over which this court has original jurisdiction that they are part of the same case or controversy under Article III of the United States Constitution.

10. Venue is proper in this judicial district and division pursuant to 28 U.S.C. § 1391(b) and Local Rule 3.8 because Plaintiff resides within this judicial district and division, and

all claims that give rise to the claims for relief occurred in whole or in part in this judicial district.

Facts Common to All Counts

11. Plaintiff was hired by Amazon.com, Inc. on or about April 2020.

12. Plaintiff worked at an Amazon.com, Inc. warehouse known as CLE3 located in 1155 Babbitt Rd, Euclid, OH 44132.

13. At all times relevant to this claim, Plaintiff was employed by Amazon.com, Inc. as an associate.

14. Plaintiff has disabilities specifically bipolar disorder, severe anxiety, depression, and post-traumatic stress disorder for which she requires accommodations.

15. Anita Demetriades ("Plaintiff's Healthcare Provider") was Plaintiff's healthcare provider located at 115 E. Aurora Rd. Northfield, OH 44067.

16. On May 11, 2020, Plaintiff had a mental breakdown and had to be hospitalized.

17. Plaintiff went out on leave due to her mental health disability on or about May 11, 2020.

18. Plaintiff tried to return to work on or about early July 2020, however Defendants failed to do paperwork to allow Plaintiff to come back to work.

19. On September 17, 2020, Amanda Corbin, an Accommodation Consultant informed Plaintiff's Healthcare Provider that they required specific medical documentation to be completed. *See* Exhibit A1.

20. On or about September 2020, Plaintiff's Healthcare Provider promptly supplied the requested medical accommodation paperwork to Amazon.com, Inc. This paperwork released Plaintiff to return to work on September 22, 2020. *See* Exhibit A2.

21. Defendant's informed Plaintiff that their understanding of her restrictions was a "Need for non-stationary role (unable to stand in one location for extended period of time performing the same job – allow to move about and perform jobs in variety of areas)" and "No MET (40 hrs. per week max)." *See* Exhibit B.

22. As a result of her accommodation Plaintiff was given a position on the Covid Team.

23. On or around November 2020 Plaintiff was sexually harassed by a male co-worker. She reported the incident to Human Resources, Jane Doe #1.

24. Jane Doe #1 stated they would investigate by reviewing the camera and identifying the employee.

25. On or about November 23, 2020, Plaintiff's Healthcare Provider wrote a letter to Amazon Leave of Absence and Disability Team. Plaintiff's Healthcare Provider wrote that "due to harassment including sexual harassment, mental and emotion at the Amazon site" her patient did not feel safe going into work. *See* Exhibit C1.

26. On or about December 16, 2020, Plaintiff's Healthcare Provider wrote another letter to Amazon Leave of Absence and Disability Team. *See* Exhibit C2.

27. On or about April 6, 2021, Plaintiff's Healthcare Provider wrote a letter stating that Plaintiff will return to work after the sexual harassment investigation was complete and after her accommodations are correctly updated. *See* Exhibit C3.

28. On or about April 13, 2021, Plaintiff returned to the Amazon site to her position on the Dock.

29. John Does Managers #1-3 refused to allow Plaintiff to be a problem solver for which she had been trained.

30. Plaintiff's mental health disabilities were triggered working on the Dock because John Does Managers #1-3 were always screaming. John Does Managers #1-3 triggered Plaintiff's severe anxiety and PTSD. *See* Exhibit D.

31. Defendants failed to update or inform Plaintiff about anything with regard to the investigation into the employee who sexually harassed Plaintiff.

32. Defendants removed reasonable accommodations and required an updated medical restriction from Plaintiff.

33. Plaintiff's accommodations were never properly updated.

34. Plaintiff filed a timely charge with the United States Equal Employment Opportunity Commission ("EEOC"), in which she alleged that Defendants had discriminated against her because of her disability. *See* Exhibit D.

35. The EEOC found probable cause that Defendants discriminated against Plaintiff because of her disability.

36. The EEOC issued Plaintiff a right-to-sue letter dated **June 30, 2021**, and Plaintiff timely filed this action within 90 days of receiving this right-to-sue letter. (A true and accurate copy of the EEOC right-to-sue letter is attached as Exhibit E1-E3).

37. Plaintiff has exhausted her administrative remedies and is able to file this civil action.

Count One

(Disability Discrimination Under the Americans with Disabilities Act of 1990)

38. Plaintiff incorporates by reference the allegations in the foregoing paragraphs as if rewritten here.

39. Defendants violated the Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§12112 to 12117 by discriminating against Plaintiff because of her disability, which

included failing to accommodate Plaintiff's disability. Under U.S.C. §§12112 (b)(5) an employer is required to make reasonable accommodations for a person with a disability.

40. Defendants violated 42 U.S.C. §§12112 to 12117, with willful indifference to Plaintiff's federally protected rights, entitling Plaintiff to punitive damages.

41. As a direct and proximate result of Defendants' violation of 42 U.S.C. §§12112 to 12117, Plaintiff has suffered harm.

Count Two

(Sex Discrimination under Title VII of the Civil Rights Act of 1964)

42. Plaintiff incorporates by reference the allegations in the foregoing paragraphs as if rewritten here.

43. Defendants violated Title VII of the Civil Rights Act of 1964 by failing to properly investigate the sexual harassment Plaintiff reported. Defendants allowed sex discrimination to create a hostile work environment which aggravated Plaintiff's mental health and made her unable to work.

44. The EEOC requires that Employers take "immediate and appropriate action when an employee complains." In this case it is unknown if the employer took any action after Plaintiff made a complaint about sexual harassment.

45. As a direct and proximate result of Defendants' violations of Title VII of the Civil Rights Act of 1964 Plaintiff has suffered harm.

Count Three

(Disability Discrimination Under Ohio Revised Code § 4112.02(A))

1. Plaintiff incorporates by reference the allegations in the foregoing paragraphs as if rewritten here.

2. Defendants violated O.R.C. 4112.02(A) by subjecting Plaintiff to adverse employment actions because of her disability, which included failing to accommodate Plaintiff.

3. As a direct and proximate result of Defendants' violations of O.R.C. § 4112.02(A), Plaintiff has suffered harm.

Demand for Relief

Wherefore, Plaintiff demands relief as follows:

A. An order against Defendants for equitable relief, including, back pay, front pay, lost benefits and bonuses;

B. An award against Defendants for compensatory damages, liquidated damages, and punitive damages in an amount to be proved at trial;

C. An award of reasonable attorneys' fees and costs;

D. For an award of pre and post judgment interest; and

E. For all such other and further relief as the Court deems equitable, just, and proper.

Respectfully submitted,

/s/ Bruce D. Taubman
BRUCE D. TAUBMAN(0001410)
BRIAN M. TAUBMAN (0084408)
Attorneys for Plaintiff/Appellant
1826 West 25th
Cleveland, OH 44113
BruceTaubman@taubmanlaw.net
Ph: (216) 621-0794
Fx: (216) 621-8886

Exhibit A1

From: Corbin, Amanda
Sent: Thursday, September 17, 2020 8:37 PM
To: anita demetriades
Cc: Accommodation Team
Subject: RE: Employee Paris King

Hello Dr. Demetriades,

I'm reaching out today on behalf of your patient, Paris King.

The medical documentation she provided which was written by you is not sufficient for accommodation purposes at this time.

Please find our standard forms attached for your convenience. Please review and complete this documentation, and return it to us so we can continue to assist your patient.

Please note: Health care providers cannot make recommendations for process path placements, manager assignments, or other work functions at the workplace. The provider may inform us of the employee's medical needs and the limitations or restrictions related to those needs. We will then review the employee's needs along with the needs of the business and the federal regulations that govern accommodations and determine whether the employee can or can't be accommodated at their home site or by Amazon overall.

Please let me know if you have questions or concerns. Thank you for your assistance in timely returning the attached documents so we can continue to assist your patient.

Kind regards,

Amanda

Amanda Corbin | Accommodation Consultant
Phone: 1-888-892-7180, Option 1, Ext: 5713 | Fax: 855-579-1799 (LOA) or 206-946-7289 (Accommodation)
Email: amcorbin@amazon.com
Get HR Help: hrservices.amazon.com

amazon | disability & leave services

Honey Badgers
ACCOMMODATION TEAM 3

Exhibit A2

amazon

Healthcare Provider Request for Information (RFI) Form

Please return completed form to the site by your next scheduled shift.
EMAIL:
FAX:

PATIENT/EMPLOYEE NAME:
DATE OF BIRTH:

SITE NAME:
DATE:
DATE OF NEXT APPOINTMENT:

Healthcare Provider: The intent of this form is to obtain information needed to identify limitations, restrictions and/or qualifying disabilities to be considered for accommodation. This form also seeks information necessary to comply with the Occupation Safety and Health Act (OSHA) regulations. You may also use this form to suggest additional considerations.

SECTION I: PATIENT/EMPLOYEE RETURN TO WORK STATUS

1	The impairment/injury is: ☐ Work-related ☐ Non-Work Related ☒ Undetermined **If condition is or could be work-related,** please indicate diagnosis: _____	
2	Is the patient/employee safe to return to work? ☐ YES, without restrictions ☒ YES, with restrictions ☐ NO, unable to return to work	Return to Work Date: 09-22-2020 Date: _____ to _____ (please complete section II) Date: _____ to _____ (please complete section II)

SECTION II: PHYSICAL RESTRICTIONS RELATED TO ESSENTIAL JOB FUNCTIONS

Please note any physical limitations or restrictions that may interfere with performance of job duties and/or may require workplace modifications.

Job Task	Time (Please indicate the maximum amount of time in hours the patient/employee is allowed to perform each task.)							Limitation Period		
	Up to 5 lbs.	Up to 10 lbs.	Up to 15 lbs.	Up to 20 lbs.	Up to 30 lbs.	Up to 40 lbs.	Up to 50 lbs.	Start Date	End Date	Permanent
Lift/Carry: **(L, R, B)**								09-22-2020	—	☐
Push/Pull: **(L, R, B)**										☐

No physical impairment except standing in one place

Job Task	Time (Please indicate the maximum amount of time in hours the patient/employee is allowed to perform each task.)	Limitation Period		
		Start Date	End Date	Permanent Limitation
Repetitive Motion of Hands: **(L, R, B)**				☐
Simple Hand Grip (<15 lbs.): **(L, R, B)**				☐
Forceful Hand Grip (>15 lbs.): **(L, R, B)**				☐
Overhead Reach: **(L, R, B)**				☐
At Shoulder Reach: **(L, R, B)**				☐
Below Shoulder Reach: **(L, R, B)**				☐
Head/Neck Rotation (> 20°): **(L, R, B)**				☐
Bend/Twist				☐
Kneel				☐
Crawl				☐
Squat				☐
Sit				☐
Stand				☐
Walk				☐
Climb Stairs (5 or more steps)				☐
Climb Step Stool (4 or less steps)				☐
See				☐
Hear				☐
Talk				☐

1	Please answer the following if employee would like to be considered for a modification related to hours of work: Can the patient/employee work more than 40 hours within a week? ☐ YES ☒ NO Patient/employee may work limited hours: _____ hours/day _____ hours/week

Exhibit A3

amazon

myaccommodation Services
Fax: 1-206-946-7289
Email: accommodations@amazon.com

HEALTHCARE PROVIDER QUESTIONNAIRE FOR EMPLOYEE ACCOMMODATION REQUEST:

Date: 9-22-20 Employee Name: PARIS King Case #: _____

Dear Healthcare Provider:

Your patient, our employee, is requesting a reasonable work accommodation. In consideration of this request, we would like to thoroughly assess your patient's situation in order to ensure consideration and compliance with the Americans with Disabilities Act (ADA and ADAAA.) Please respond to any applicable questions below, and/or provide us with any medical documentation or information you feel may be relevant to the employee's need for accommodation. If we may be of any assistance, please contact us. Submit any medical documentation or information you feel is relevant for review to FAX: 1-206-946-7289.

a. Does the employee have a medical situation (physical or mental impairment) that may prevent the employee from performing the job duties? Yes ☒ No ☐

b. Does the employee have a medical situation (physical or mental impairment)? Yes ☒ No ☐

c. Is the impairment long-term or permanent? Long-Term ☐ Permanent ☒

d. If not permanent, approximately how long will the impairment last?

e. What is the impairment? SEVERE ANXIETY, DEPRESSION

If *yes*, what major life activity(s) is/are affected? *(Please indicate any of the following which apply.)*

☐ Caring for Self	☐ Walking	☐ Hearing	☐ Lifting
☒ Interacting with others	☒ Standing	☐ Seeing	☐ Sleeping
☐ Performing manual tasks	☐ Reaching	☐ Speaking	☒ Concentrating
☐ Breathing/Respiratory	☒ Thinking	☐ Toileting	☐ Learning
☐ Reproduction	☒ Working	☐ Sitting	☐ Digestive
☐ Other (Describe) _____			

f. What general difficulties and restrictions, including nature and severity, is the employee experiencing as a result of the impairment? SHE IS UNABLE TO STAND IN one location for an extended period of time.

g. What job function(s) is the employee having trouble performing because of the impairment? STANDING IN ONE area or performing same job for EXTENDED LENGTH of time.

h. Is the employee safe to be at work? Yes ☒ No ☐

i. What limitation(s) is/are interfering with the job performance? Unable to perform same job + in one area for an extended period of time.

Exhibit A4

amazon

Authorization to Obtain and Disclose Information

- **Instructions for Employee:** Complete and return to Amazon Disability & Leave Services (DLS).
- **Return the form:** Upload the completed form to the **DLS Portal**, found on the Amazon AtoZ Resources page or at dls.idp.amazon-corp.com (while on the Amazon network). You can also email to amazondls@amazon.com or fax to 1-855-579-1799.

Employee Name:	**Employee Date of Birth:**
Employee ID:	

This Authorization is being provided so that Amazon and any of its parents, affiliates, subsidiaries, and/or third-party contractors; Aetna Inc. (Aetna), and any of their parents, affiliates, subsidiaries, and/or third-party contractors; The Hartford, and any of their parents, affiliates, subsidiaries, and/or third-party contractors; Amazon Corporate LLC (together with any of its Affiliates or Subsidiaries (Amazon); WorkCare, and any of its parents, affiliates, subsidiaries, and/or third-party contractors; and/or Sedgwick Claims Management Services, Inc. (Sedgwick CMS) can obtain the necessary information to adjudicate a claim for disability or workers' compensation benefits, or a request for leave of absence or related benefits, initiated by or on behalf of the Patient identified above ("Patient"). Once this Authorization is completed and signed by the Patient (or Patient's guardian) whose personal health information is to be disclosed, the health care provider should retain the original for its records and provide a copy of the Authorization to the Patient. **Patient can submit completed document** via the DLS Portal, by faxing to 1-855-579-1799, by emailing amazondls@amazon.com, or by mail to Amazon Disability & Leave Services (DLS), PO Box # 81103 Address: 5801 Postal Road, Cleveland, Ohio 44181.

To: Any health care provider, Pharmacy Benefit Manager, employer, benefit plan, insurer, financial institution, consumer reporting agency, educational institution, or federal, state, or local government agency, including the Social Security Administration and Veterans' Administration.

By signing the Patient Authorization below, your Patient has authorized you to disclose to Amazon, Aetna, The Hartford, WorkCare, or Sedgwick CMS a complete copy of any and all personal or privileged information, records, or documents described herein.

Information covered by this authorization: Any and all medical (but not genetic) information or records, including X-ray films, prescription histories, medical histories, physical, mental or diagnostic examinations, and treatment notes, and including information regarding HIV/AIDS, communicable diseases, alcohol or drug abuse, and mental health, as such information may be related to the Patient's claim for benefits; work information and history, including job duties, earnings and personnel records, and client lists; information on any insurance coverage and claims filed, including all records and information related to such coverage and claims; Social Security benefits information, including monthly benefit amounts, monthly payment amounts, entitlement dates, and information from my Master Beneficiary Record. The information obtained by use of this Authorization will be used to evaluate and administer the Patient's claim for benefits under the employer's plan for short-term disability benefits or long-term disability benefits insured by Aetna or The Hartford, to administer the Patient's claim for workers' compensation benefits, and/or a request for leave of absence or related benefits. Such information is referred to in the Patient Authorization as "My Information."

PATIENT AUTHORIZATION

I authorize Amazon, Aetna, The Hartford, WorkCare, or Sedgwick CMS to use or disclose My Information as necessary to administer my claim for short-term disability benefits and/or workers' compensation benefits and/or leave of absence or related benefits. I also authorize Amazon, Aetna, The Hartford, WorkCare, or Sedgwick CMS to disclose My Information as follows: (i) to Amazon for (a) functions related to accommodating my medical restrictions or limitations; (b) federal or state Family & Medical Leave Act administration; (c) administration of related leave or benefits claims; (d) fulfilling fiduciary obligations under my benefit plan or (e) responding to legal claims against Amazon or its agent; (ii) to

Exhibit A5

the administrator or other service providers of Amazon's benefit plan or other benefit plans of my employer for plan-related functions; (iii) to any system used for claims processing or insurance broker to carry out functions related to my benefit plan or claim; (iv) to any health care professional who has treated or evaluated me or who may do so; (v) to other persons or entities performing business or legal services related my claim or to other benefits for which I may be eligible in the future; (vi) as may be lawfully required; (vii) as I may further authorize; or (viii) as necessary to prevent or to detect perpetration of a fraud in connection with my application for benefits.

I authorize the disclosure of my personal and medical information as described above. I understand that this authorization is voluntary. I understand that information disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient as permitted by applicable law or my further authorization. I understand that I have the right to fully or partially revoke this Authorization for future disclosures from Amazon, Aetna, WorkCare, or Sedgwick CMS may make, unless they have taken action in reliance upon this Authorization. If I decide to fully or partially revoke my Authorization, I must revoke do so in writing directly to Amazon, specifying whether I wish to fully revoke my authorization, or, if I wish to partially revoke my authorization, providing a description of the information and/or purposes for which I am withdrawing my authorization. I understand that my medical treatment, payment for medical benefits, or enrollment/eligibility for leave benefits cannot be conditioned on my allowing Amazon, Aetna, the Hartford, WorkCare, or Sedgwick CMS to re-disclose My Information and that I may fully or partially revoke my authorization for re-disclosure at any time.

This Authorization expires two years from the date listed below or earlier as required by law, or upon my revocation, if earlier, but will not exceed the term of my coverage of the policy or benefit plan. I understand that I am entitled to receive a copy of this Authorization upon request. A photocopy or facsimile of this Authorization shall be as valid as the original. If there is a conflict between a prior request for restriction on the disclosure of My Information and this Authorization, this Authorization will control.

Note to employee/beneficiary: In order to be considered for short-term disability or workers' compensation benefits, you must authorize disclosure of personal and medical information as needed to determine whether you qualify for those benefits. If signed, this form would also authorize further disclosure of your information in order to expedite consideration of your eligibility for additional benefits in the future. Such additional benefits might include long-term disability benefits, vocational rehabilitation services, and payment of life insurance premium while you are on leave. *You are not required to authorize disclosure or re-disclosure of your personal or medical information for such additional purposes.* If you do not want this release to authorize such additional disclosure, please contact DLS at 1-888-892-7180.

Important Information for Your Health Care Provider About GINA

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Signature of Patient or Guardian	Relationship to Patient (if signed by guardian)	Date Signed

Return this form via one of the following methods:
DLS Portal on the Resources page on Amazon AtoZ or on https://dls.idp.amazon-corp.com (on the network),
Email to amazondls@amazon.com or **Fax** to 1-855-579-1799

Exhibit A6

amazon

Healthcare Provider Request for Information (RFI) Form

Please return completed form to the site by your next scheduled shift.
EMAIL:
FAX:

2	Please answer the following if job duties include driving commercial machinery such as a delivery van, forklift, reach truck, scissor lift, or truck: Does the patient/employee have any limitations or restrictions that may interfere with safe and effective operation of commercial machinery such as a delivery van, forklift, reach truck, scissor lift, or truck? ☐ YES ☒ NO If YES, please describe limitations or restrictions:
3	Please describe any therapeutic devices required to be worn/used while at work that might interfere with safe and effective performance of job duties and/or require job modifications.
4	**Answer only if this injury is, or could be a work-related injury:** Was patient/employee prescribed medication or directed to take over-the-counter medication at prescription strength as a result of this injury? Note: DO NOT disclose the name or type of medication. ☐ YES ☐ NO
5	**Answer only if this injury is, or could be a work-related injury:** Did any of the following occur as a part of a work-related injury? ☐ Fracture (including chipped tooth) ☐ Amputation (with or without bone loss) ☐ Chronic irreversible disease ☐ Loss of Consciousness ☐ Punctured eardrum ☐ None
6	Does the patient/employee have a condition or impairment that limits his/her ability to perform his/her job duties? ☐ Not Applicable. ☐ No (Assumes general illness or injury not rising to the level of an impairment or disability). ☐ Yes. If yes, what major life activities or major bodily functions are affected? Check all that apply: **MAJOR LIFE ACTIVITIES:** ☐ Caring for Self ☐ Sleeping ☐ Speaking ☐ Thinking ☐ Hearing ☐ Performing manual tasks ☐ Walking ☐ Breathing ☐ Communicating ☐ Lifting ☐ Seeing ☐ Standing ☐ Learning ☐ Working ☐ Reading ☐ Eating ☐ Bending ☐ Concentrating ☐ Other (list or describe): _____ **MAJOR BODILY FUNCTIONS:** ☐ Immune System ☐ Bowel ☐ Brain ☐ Endocrine ☐ Normal Cell Growth ☐ Bladder ☐ Neurologic ☐ Reproductive Functions ☐ Digestive ☐ Respiratory ☐ Circulatory ☐ Other (list or describe): _____
7	Does the patient/employee have any other work-related limitations or restrictions not listed above (e.g. physical, sensory, psychiatric) that may interfere with performance of job duties and/or require job modifications? ☐ YES ☐ NO IF YES, please describe the limitations or restrictions.
8	Additional Notes:

SECTION III: HEALTHCARE PROVIDER SIGNATURE AND CONTACT INFORMATION

ANITA DEMETRIADES, PCC-S — Anita Demetriades, PCC-S — 09-22-2020

HEALTHCARE PROVIDER NAME/TITLE: HEALTHCARE PROVIDER SIGNATURE: DATE

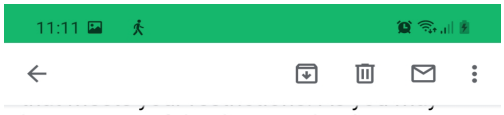
ADDRESS: 115 E. AURORA RD.

CITY, STATE NORTHFIELD, OH ZIP: 44067

PHONE: 330 467 1825 FAX: 330 467 4926

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Exhibit B



know, many of the direct path roles operate at a single stationary workstation. For example, Stowing, Packing, and Picking. Ship Dock associates do walk from one role to another role in a different location throughout the shift. In order to best support your claim, we need additional information from your healthcare provider to better understand your needs and how best to support your restrictions in the workplace.

Currently, we understand that your restrictions are:

- Need for non-stationary role (unable to stand in one location for extended period of time performing same job – allow to move about and perform jobs in variety of areas)
- No MET (40 hrs per week max)

We need to understand:

- For what duration can you work in one job / area before you need to move to the next? How frequently do you need to rotate to another location?

What Do I Need to Do?

- Have your healthcare provider complete and sign the Medical Questionnaire forms and return a copy to me via fax or email to the contact information below.
- If you prefer for me to reach out to your medical provider, please sign the Authorization and Release Form and return it to me along with your medical provider's contact information.

What's Next & When?
Once I have all of the information, I will contact you to explore accommodation options. If for some reason I am having trouble getting your healthcare provider to respond I will let you know.

If you have any questions after reading this communication, please review the Frequently Asked Questions on the Self-Service Portal, which you can access via AtoZ, contact me directly, or you can contact

Exhibit C1

Center Point Counseling Inc.

115 East Aurora Road
Northfield, OH 44067

Phone: (330) 467-1825
Fax: (330) 467-4926

November 23, 2020

Re: Paris King

To: Amazon Leave of Absence and Disability Team

Due to harassment including sexual harassment, mental and emotional abuse at the Amazon site, my patient, Paris King, said she does not feel safe to go into work. This is not conducive to her good mental health to meet her emotional and mental needs, It is requested that Amazon reach a reasonable decision in regard to investigations with management and Ms. King as an employee as well as her accommodations. She is concerned about her safety, feeling threatened, at this facility. Due to her mental illness, this can cause a mental breakdown. On May 11, 2020, Ms. King had to be hospitalized for a mental breakdown. It is important that this does not happen again. Amazon is causing her great anxiety and is triggering her PTSD. She is working with a psychiatrist on a new medication because of the effect that Amazon has had on her mental health. Ms. King needs to be on leave until further notice. Her mental health is a top priority for her and for me as her counselor.

Anita Demetriades, PCC-S

Anita Demetriades, M.Ed., M.Ed., LPCC-S,
MAC, CCJS, CEAP, DOT/SAP, MOS, CISM
Center Point Counseling, Inc.
Center Director

Exhibit C2

Center Point Counseling Inc.

115 East Aurora Road
Northfield, OH 44067

Phone: (330) 467-1825
Fax: (330) 467-4926

December 16, 2020

Re: Paris King

To: Amazon Leave of Absence and Disability Team

Due to harassment including sexual harassment, mental and emotional abuse at the Amazon site, my patient, Paris King, said she does not feel safe to go into work. This is not conducive to her good mental health to meet her emotional and mental needs, It is requested that Amazon reach a reasonable decision in regard to investigations with management and Ms. King as an employee as well as her accommodations. She is concerned about her safety, feeling threatened, at this facility. Due to her mental illness, this can cause a mental breakdown. On May 11, 2020, Ms. King had to be hospitalized for a mental breakdown. It is important that this does not happen again. Amazon is causing her great anxiety and is triggering her PTSD. She is working with a psychiatrist on a new medication because of the effect that Amazon has had on her mental health. Ms. King needs to be on leave until further notice. Her mental health is a top priority for her and for me as her counselor.

Anita Demetriades, PCC-S

Anita Demetriades, M.Ed., M.Ed., LPCC-S,
MAC, CCJS, CEAP, DOT/SAP, MOS, CISM
Center Point Counseling, Inc.
Center Director

Exhibit C3

Center Point Counseling Inc.

115 E. Aurora Road
Suite # 1
Northfield Center, Ohio 44067

Phone: (330) 467-1825
Fax: (330) 467-4926

April 6, 2021

Paris King will return to work after the investigation has been completed for the sexual harassment, the harassment by her supervisor and her accommodations are correctly updated.

If you have further questions, please do not hesitate to call.

Sincerely,

Anita Demetriades, M.Ed., M.Ed., PCC-S,
DOT/SAP, CEAP,CCJS, MAC
Center Director

Exhibit D

From: ELMEACO MALLORY
To: ELMEACO MALLORY
Subject: Notes
Date: Tuesday, April 13, 2021 10:07:11 AM

I returned back to work and then they tried to return me back to the docking position. I was afraid to work in the docking position because Tyler was always screaming. I am a domestic violence victim and screaming is one of the triggers.
PTSD. Anxiety and CP takes medication.
CP also claims to be bi-polar although there is no evidence to support this statement. CP stated that she has suffered from being BI-Polar since age 8. PTSD since early 20. CP stated that she takes 5 different medications.
Disability: Accommodation: I have PTSD-I can walk around. /I have to walk around. If I don't my anxiety grows. Domestic violence-so any hostile environment makes it hard for me to deal with stress. Ryan supervisor, he screams at people. I had concerns because the R never informed me about what happened to the employee that threatened me. I also had issues with working with Ryan on the back docks.
I was sexually harassed by someone: Happened Nov or Dec of 2020-male name unknown. When this occurred I asked the male harasser: Can I have your badge number=he said I was doing my job and he said u can put your hand in my pocket to get his I,D. -on top of fighting. I was on the Covid team and they didn't respect the process. I was asked to walk around the factory and instruct workers to keep their mask on: I will not return to work until the R resolves my two issues. As a matter of fact, during my incident, the same WF NU from HR had an incident with an employee who told her to get loss, after she told the male to put on his mask. The HR official had to threaten that worker with disciplinary actions if he didn't comply. HR said that they would review the tapes and follow up with me.
My Doctor advised the Respondent of my disability. I was refused a reasonable accommodation request when the Respondent removed and required an update of my medical restrictions.

E. Mallory
Federal Investigator
EEOC
1240 East 9th St
Clevalnd Ohio 44119
Suite 3001
(216) 306-1119

Exhibit E1

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: [ ] FEPA [X] EEOC

Agency(ies) Charge No(s): 532-2021-00641

OHIO CIVIL RIGHTS COMMISSION and EEOC

State or local Agency, if any

Name *(indicate Mr., Ms., Mrs.)*	Home Phone	Year of Birth
MS. PARIS C KING	**(216) 563-2798**	

Street Address: **1176 CLEVELAND HEIGHTS BLVD, CLEVELAND HEIGHTS,OH 44121**

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (*If more than two, list under PARTICULARS below.*)

Name	No. Employees, Members	Phone No.
AMAZON	**501+**	**(888) 882-7180**

Street Address: **1155 BABBITT RD, EUCLID, OH 44132**

Name	No. Employees, Members	Phone No.

Street Address: City, State and ZIP Code

DISCRIMINATION BASED ON *(Check appropriate box(es).)*

[ ] RACE [ ] COLOR [ ] SEX [ ] RELIGION [ ] NATIONAL ORIGIN
[ ] RETALIATION [ ] AGE [X] DISABILITY [ ] GENETIC INFORMATION
[ ] OTHER *(Specify)*

DATE(S) DISCRIMINATION TOOK PLACE

Earliest	Latest
05-20-2020	**05-20-2020**

[X] CONTINUING ACTION

THE PARTICULARS ARE *(If additional paper is needed, attach extra sheet(s)):*

In April of 2020, I was hired by the Respondent. I am an individual with a disability and management is aware of it. In May of 2020, I required a reasonable accommodation and management provided the accommodation until recently. My last position with Respondent was on the COVID Team. In or around December of 2020, I was sexually harassed by a male co-worker. I reported this incident to management. The HR official stated that she would review the camera and identify the employee. Management failed to keep me abreast of any updates; this triggered my disability. I was also given a different position and required to resubmit medical documentation that the Respondent already had. Management refused to place me back on the schedule.
I believe that I was denied a reasonable accommodation and retaliated against due to my disability, in violation of Title I of the Americans with Disabilities Act of 1990 (ADA), as amended (ADAAA).

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

Digitally signed by Paris King on 04-07-2021 01:42 PM EDT

NOTARY – *When necessary for State and Local Agency Requirements*

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.
SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(*month, day, year*)

Exhibit E2

CP Enclosure with EEOC Form 5 (11/09)

PRIVACY ACT STATEMENT: Under the Privacy Act of 1974, Pub. Law 93-579, authority to request personal data and its uses are:

1. FORM NUMBER/TITLE/DATE. EEOC Form 5, Charge of Discrimination (11/09).

2. AUTHORITY. 42 U.S.C. 2000e-5(b), 29 U.S.C. 211, 29 U.S.C. 626, 42 U.S.C. 12117, 42 U.S.C. 2000ff-6.

3. PRINCIPAL PURPOSES. The purposes of a charge, taken on this form or otherwise reduced to writing (whether later recorded on this form or not) are, as applicable under the EEOC anti-discrimination statutes (EEOC statutes), to preserve private suit rights under the EEOC statutes, to invoke the EEOC's jurisdiction and, where dual-filing or referral arrangements exist, to begin state or local proceedings.

4. ROUTINE USES. This form is used to provide facts that may establish the existence of matters covered by the EEOC statutes (and as applicable, other federal, state or local laws). Information given will be used by staff to guide its mediation and investigation efforts and, as applicable, to determine, conciliate and litigate claims of unlawful discrimination. This form may be presented to or disclosed to other federal, state or local agencies as appropriate or necessary in carrying out EEOC's functions. A copy of this charge will ordinarily be sent to the respondent organization against which the charge is made.

5. WHETHER DISCLOSURE IS MANDATORY; EFFECT OF NOT GIVING INFORMATION. Charges must be reduced to writing and should identify the charging and responding parties and the actions or policies complained of. Without a written charge, EEOC will ordinarily not act on the complaint. Charges under Title VII, the ADA or GINA must be sworn to or affirmed (either by using this form or by presenting a notarized statement or unsworn declaration under penalty of perjury); charges under the ADEA should ordinarily be signed. Charges may be clarified or amplified later by amendment. It is not mandatory that this form be used to make a charge.

NOTICE OF RIGHT TO REQUEST SUBSTANTIAL WEIGHT REVIEW

Charges filed at a state or local Fair Employment Practices Agency (FEPA) that dual-files charges with EEOC will ordinarily be handled first by the FEPA. Some charges filed at EEOC may also be first handled by a FEPA under worksharing agreements. You will be told which agency will handle your charge. When the FEPA is the first to handle the charge, it will notify you of its final resolution of the matter. Then, if you wish EEOC to give Substantial Weight Review to the FEPA's final findings, you must ask us in writing to do so within 15 days of your receipt of its findings. Otherwise, we will ordinarily adopt the FEPA's finding and close our file on the charge.

NOTICE OF NON-RETALIATION REQUIREMENTS

Please **notify** EEOC or the state or local agency where you filed your charge **if retaliation is taken against you or others** who oppose discrimination or cooperate in any investigation or lawsuit concerning this charge. Under Section 704(a) of Title VII, Section 4(d) of the ADEA, Section 503(a) of the ADA and Section 207(f) of GINA, it is unlawful for an *employer* to discriminate against present or former employees or job applicants, for an *employment agency* to discriminate against anyone, or for a *union* to discriminate against its members or membership applicants, because they have opposed any practice made unlawful by the statutes, or because they have made a charge, testified, assisted, or participated in any manner in an

Exhibit E3

investigation, proceeding, or hearing under the laws. The Equal Pay Act has similar provisions and Section 503(b) of the ADA prohibits coercion, intimidation, threats or interference with anyone for exercising or enjoying, or aiding or encouraging others in their exercise or enjoyment of, rights under the Act.

JURY DEMAND

A trial by jury is hereby demanded on all issues so triable.

/s/ Bruce D. Taubman
Bruce D. Taubman (0001410)
Brian Taubman (0084408)
1826 West 25th
Cleveland, Ohio 44113
Ph: (216) 621-0794
Fx: (216) 621-8886
BruceTaubman@Taubmanlaw.net
Attorneys for Plaintiff